

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

06

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|--|---|---|--|---|---|---|---|
| M | M | | D | D | | Y | Y | Y | Y |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 7 |

To:

| | | | | | | | | | |
|---|---|--|---|---|--|---|---|---|---|
| M | M | | D | D | | Y | Y | Y | Y |
| 0 | 5 | | 3 | 1 | | 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2007 | | 70931.50 |
| (b) Cash on Hand at Beginning of Reporting Period | 70931.50 | |
| (c) Total Receipts (from Line 19) | 9270.60 | 46399.58 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 80202.10 | 117331.08 |
| 7. Total Disbursements (from Line 31) | 10000.00 | 20000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 70202.10 | 97331.08 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 0 | 7 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 8826.68 | 38062.83 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 443.92 | 8336.75 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 9270.60 | 46399.58 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 9270.60 | 46399.58 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 9270.60 | 46399.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9270.60 | 46399.58 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 10000.00 | 20000.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | | 0.00 | 0.00 |
| 27. Loans Made..... | | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | | 0.00 | 0.00 |
| (b) Political Party Committees | | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | 0.00 | 0.00 |
| 29. Other Disbursements..... | | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | | 0.00 | 0.00 |
| (ii) "Levin" Share | | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | | 10000.00 | 20000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 10000.00 | 20000.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 9270.60 | 46399.58 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9270.60 | 46399.58 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1993.86

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31578

Amount of Each Receipt this Period

404.62

Receipt

Payroll Deduction: (202.3-
1/Pay Period)

Full Name (Last, First, Middle Initial)

B. Robert H Armstrong

Mailing Address 133 Manchester Drive

City State Zip Code
 Waukesha WI 53188

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP, R & D Medical Devices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31583

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Donald Baker

Mailing Address 286 Whitworth

City State Zip Code
 Thousand Oaks CA 91360

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.92

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31602

Amount of Each Receipt this Period

127.22

Receipt

Payroll Deduction: (63.61-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

631.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael J Baughman
Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31608

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Sebastian Bufalino
Mailing Address 1091 Pine Meadow Ct

City State Zip Code
Vernon Hills IL 60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
VP, Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31620

Amount of Each Receipt this Period

96.64

Receipt

Payroll Deduction: (48.32-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Edward Conrad
Mailing Address 113 S Waverly Pl

City State Zip Code
Mt Prospect IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31606

Amount of Each Receipt this Period

122.40

Receipt

Payroll Deduction: (61.20-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

419.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code
 Palatine IL 60067

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.08

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31599

Amount of Each Receipt this Period

187.86

Receipt

Payroll Deduction: (93.93-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code
 San Juan PR 00927

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Puerto
RicoOccupation
Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.20

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31626

Amount of Each Receipt this Period

83.16

Receipt

Payroll Deduction: (41.58-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Robert M Davis

Mailing Address 21515 Hummingbird Court

City State Zip Code
 Kildeer IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1371.90

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31609

Amount of Each Receipt this Period

303.46

Receipt

Payroll Deduction: (151.7-
3/Pay Period)

SUBTOTAL of Receipts This Page (optional)

574.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | |
|---|------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Paul Estrem | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address 325 Clarewood Circle | | Transaction ID: 70618.C31576 |
| City Grayslake | State IL | Zip Code 60030 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation VP II, Finance | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Payroll Deduction: (50.00- /Pay Period) |

| | | |
|---|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Camille I Farhat | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address 1052 Warrington Road | | Transaction ID: 70618.C31584 |
| City Deerfield | State IL | Zip Code 60015 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation General Manager IV | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Payroll Deduction: (50.00- /Pay Period) |

| | | |
|---|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Kevin Freeman | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address 832 Foxmoor Lane | | Transaction ID: 70618.C31570 |
| City Lake Zurich | State IL | Zip Code 60047 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 126.36 |
| Name of Employer Baxter Healthcare Corpora- tion | Occupation VP I, Finance | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.29 | Payroll Deduction: (63.18- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

326.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E Gallagher

Mailing Address 400 Cross Arm Drive

City State Zip Code
 Grayslake IL 60030

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Dir, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.38

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31586

Amount of Each Receipt this Period

127.20

Receipt

Payroll Deduction: (63.60-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code
 Crystal Lake IL 60014

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1423.06

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31556

Amount of Each Receipt this Period

292.30

Receipt

Payroll Deduction: (146.1-
5/Pay Period)

Full Name (Last, First, Middle Initial)

C. John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, President - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.76

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31621

Amount of Each Receipt this Period

456.92

Receipt

Payroll Deduction: (228.4-
6/Pay Period)

SUBTOTAL of Receipts This Page (optional)

876.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Lawrence Guiheen Mailing Address 1653 Vista Oaks Way City State Zip Code Westlake Village CA 91361 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation President V Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31548 Amount of Each Receipt this Period 70.00 Receipt Payroll Deduction: (35.00- /Pay Period) |
| B. Full Name (Last, First, Middle Initial) Worth Holder Jr Mailing Address 42 Jamestown Court City State Zip Code Grayslake IL 60030 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation VP II, Business Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.78 | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31617 Amount of Each Receipt this Period 88.90 Receipt Payroll Deduction: (44.45- /Pay Period) |
| C. Full Name (Last, First, Middle Initial) Irene Jakimcius Mailing Address 2208 Wesley Ave. City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation Assoc General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 711.38 | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31612 Amount of Each Receipt this Period 150.54 Receipt Payroll Deduction: (75.27- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

309.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Kamienski

Mailing Address 6312 N Keating

City State Zip Code
 Chicago IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.74

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31558

Amount of Each Receipt this Period

104.96

Receipt

Payroll Deduction: (52.48-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code
 Kildeer IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.34

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31589

Amount of Each Receipt this Period

94.44

Receipt

Payroll Deduction: (47.22-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Jane Kiernan

Mailing Address 525 W. Roscoe, #3W

City State Zip Code
 Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
General Manager III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31571

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

279.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | | | |
|---|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) Marie G Kissel | | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 | |
| Mailing Address 1 Baxter Pkwy c/o Gerald Lema | | | Transaction ID: 70618.C31622 | |
| City State Zip Code Deerfield IL 60015 | | | Amount of Each Receipt this Period 143.72 | |
| FEC ID number of contributing federal political committee. C | | | Receipt | |
| Name of Employer Baxter World Trade Corporation | | Occupation Dir, Fed Legislative Affairs | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 702.82 | | |
| B. Full Name (Last, First, Middle Initial) Edward A Langan | | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 | |
| Mailing Address 1605 Highland Avenue | | | Transaction ID: 70618.C31546 | |
| City State Zip Code Wilmette IL 60091 | | | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | | Receipt | |
| Name of Employer Baxter Healthcare Corporation | | Occupation VP II, Sales | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | | |
| C. Full Name (Last, First, Middle Initial) Susan R Lichtenstein | | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 | |
| Mailing Address 1257 W Wrightwood Ave | | | Transaction ID: 70618.C31610 | |
| City State Zip Code Chicago IL 60614 | | | Amount of Each Receipt this Period 392.30 | |
| FEC ID number of contributing federal political committee. C | | | Receipt | |
| Name of Employer Baxter International Inc. | | Occupation CVP, General Counsel | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1933.82 | | |

SUBTOTAL of Receipts This Page (optional)

686.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Ronald K Lloyd
 Mailing Address 1694 Falling Star Ave.

City State Zip Code
 Westlake Village CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31574

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
 Matthew Lykken
 Mailing Address 421 North Wheaton Ave

City State Zip Code
 Wheaton IL 60187

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
VP, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.16

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31619

Amount of Each Receipt this Period

106.20

Receipt

Payroll Deduction: (53.10-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Brian W Magerkurth
 Mailing Address 4218 Third Street Lane NW

City State Zip Code
 Hickory NC 28601

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP II, Global Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.48

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31580

Amount of Each Receipt this Period

114.96

Receipt

Payroll Deduction: (57.48-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

321.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code
Bayamon PR 00959

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Puerto RicoOccupation
Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31625

Amount of Each Receipt this Period

91.54

Receipt

Payroll Deduction: (45.77-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1573.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31615

Amount of Each Receipt this Period

319.24

Receipt

Payroll Deduction: (159.6-
2/Pay Period)

Full Name (Last, First, Middle Initial)

C. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP, Transition Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31595

Amount of Each Receipt this Period

119.62

Receipt

Payroll Deduction: (59.81-
/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

530.40

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, President Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.58

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31590

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-
5/Pay Period)

B. Full Name (Last, First, Middle Initial)

Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code
 Long Grove IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.36

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31597

Amount of Each Receipt this Period

92.30

Receipt

Payroll Deduction: (46.15-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Richard Moss

Mailing Address 264 Leonard Wood South #207

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Strategy & Bus Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31585

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.64

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31596

Amount of Each Receipt this Period

53.06

Receipt

Payroll Deduction: (26.53-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Peter Omalley

Mailing Address 791 Summit Avenue

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP/GM II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31601

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (45.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Robert L Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4864.64

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31618

Amount of Each Receipt this Period

1006.16

Receipt

Payroll Deduction: (503.0-
8/Pay Period)

SUBTOTAL of Receipts This Page (optional)

1149.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code
 Washington DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31581

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (80.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code
 Los Angeles CA 90056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.74

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31591

Amount of Each Receipt this Period

106.62

Receipt

Payroll Deduction: (53.31-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Virginia Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code
 Palmetto FL 34221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Mgr II, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.28

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31567

Amount of Each Receipt this Period

62.14

Receipt

Payroll Deduction: (31.07-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

328.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | |
|---|--------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Roibin Ryan | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address 1419 W Berteau | | Transaction ID: 70618.C31613 |
| City Chicago | State IL | Zip Code 60613 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 182.94 |
| Name of Employer Baxter International Inc. | Occupation Deputy General Counsel | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 885.12 | Payroll Deduction: (91.47- /Pay Period) |

| | | |
|---|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) James K Saccaro | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address Baxter Expatriate Admin PO Box 747 | | Transaction ID: 70618.C31624 |
| City Deerfield | State IL | Zip Code 60015 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 99.88 |
| Name of Employer Baxter World Trade Corpor- ation | Occupation VP II, Finance | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 472.86 | Payroll Deduction: (49.94- /Pay Period) |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) David P Scharf | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 |
| Mailing Address 931 Oak Street | | Transaction ID: 70618.C31611 |
| City Winnetka | State IL | Zip Code 60093 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 103.84 |
| Name of Employer Baxter International Inc. | Occupation CVP, Corporate Secretary | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 488.84 | Payroll Deduction: (51.92- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

386.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Victor Schmitt Mailing Address 699 Bluff Road City Lake Bluff State IL Zip Code 60044 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Pres, Venture Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.50 | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31569 Amount of Each Receipt this Period 38.50 Receipt Payroll Deduction: (38.50- /Pay Period) |
| B. Full Name (Last, First, Middle Initial) Chandra Sekhar Mailing Address 1621 Mission Hills Rd Unit 211 City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP II, Mfg Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 519.40 | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31547 Amount of Each Receipt this Period 106.64 Receipt Payroll Deduction: (53.32- /Pay Period) |
| C. Full Name (Last, First, Middle Initial) John P Shannon Mailing Address 432 Utley City Elmhurst State IL Zip Code 60126 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP I, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 451.06 | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31600 Amount of Each Receipt this Period 92.66 Receipt Payroll Deduction: (46.33- /Pay Period) |

SUBTOTAL of Receipts This Page (optional)

237.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

| | | | |
|---|--|--|---|
| A. Full Name (Last, First, Middle Initial) Donald Sullivan Mailing Address 910 W Cypress Drive City State Zip Code Arlington Heights IL 60005 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation VP, Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31604 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00- /Pay Period) |
| B. Full Name (Last, First, Middle Initial) Daniel Tasse Mailing Address 95 Spring Street City State Zip Code New Providence NJ 07974 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation General Manager IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1065.02 | | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31579 Amount of Each Receipt this Period 216.34 Receipt Payroll Deduction: (108.1- 7/Pay Period) |
| C. Full Name (Last, First, Middle Initial) Karenann Terrell Mailing Address 914 Queens Lanes City State Zip Code Glenview IL 60025 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation CVP, Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.10 | | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70618.C31614 Amount of Each Receipt this Period 384.62 Receipt Payroll Deduction: (192.3- 1/Pay Period) |

SUBTOTAL of Receipts This Page (optional)

680.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 22 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.64

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31598

Amount of Each Receipt this Period

187.64

Receipt

Payroll Deduction: (93.82-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City State Zip Code
Newbury Park CA 91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31603

Amount of Each Receipt this Period

269.24

Receipt

Payroll Deduction: (134.6-
2/Pay Period)

C. Full Name (Last, First, Middle Initial)

Vernon Williams

Mailing Address 1601 Wyndham Court

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31594

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

556.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Subramania Yogendran

Mailing Address S Yogendran PO Box 747

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpor-
ation

Occupation
VP II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.20

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70618.C31623

Amount of Each Receipt this Period

81.84

Receipt

Payroll Deduction: (40.92-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

81.84

TOTAL This Period (last page this line number only)

8826.68

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kagen 4 Congress

Mailing Address 100 W College Ave Ste 50D

City Appleton State WI Zip Code 54911-5749

Purpose of Disbursement

Candidate Name
DICK KAISER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 70618.E770

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kirk for Congress

Mailing Address 28 Green Bay Rd

City Winnetka State IL Zip Code 60093-4006

Purpose of Disbursement

Candidate Name
MARK STEVEN KIRK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 70618.E772

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Blanche Lincoln

Mailing Address PO Box 3197

City Little Rock State AR Zip Code 72203-3197

Purpose of Disbursement

Candidate Name
BLANCHE LAMBERT LINCOLN

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: 70618.E776

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077-0425

Purpose of Disbursement

Candidate Name
DAVID E PRICE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 04

Transaction ID: 70618.E774

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Pryor for U.S. Senate Committee

Mailing Address 420 C St NE

City
Washington

State
DC

Zip Code
20002-5818

Purpose of Disbursement

Candidate Name
MARK LUNS福德 PRYOR

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: 70618.E771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Rep. Adam Schiff

Mailing Address 35 S Raymond Ave

City
Pasadena

State
CA

Zip Code
91105-3701

Purpose of Disbursement

Candidate Name
ADAM SCHIFF

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: 70618.E777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address 504 Sumner Blvd

City
Collinsville

State
IL

Zip Code
62234-1934

Purpose of Disbursement

Candidate Name
JOHN M SHIMKUS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 70618.E773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537-8331

Purpose of Disbursement

Candidate Name
PETE STARK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 70618.E769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Bennie Thompson

Mailing Address PO Box 100

City
Bolton

State
MS

Zip Code
39041-0100

Purpose of Disbursement

Candidate Name
BENNIE G THOMPSON

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: 70618.E775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

10000.00